

December  
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E-Newsletter

Editor  
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441-5300

NORFOLK COMMUNITY SERVICES BOARD

# Norfolk CSB Insider



The time for preparation is over. It is now time for the CARF survey to begin.

Over January 8 and 9th, two CARF surveyors will spend a total of about 30 hours at Tidewater Drive Center and Bute Street, reviewing policies, studying procedures, and talking with patients and staff about our services and operations.

The evening before, we will truck a stack of manuals several feet high to their hotel—a little light reading before they slip into bed.

This is the event we have prepared for during the past 24 months. Staff of Substance Abuse Services and Board Administration have reviewed and updated policies, evaluated needs, consulted with clients, stakeholders and staff—we have listened, talked, planned, trained, painted, replaced and repaired.

With confidence high and fingers crossed for good measure, we are looking forward to this opportunity to show that we have earned our credentials as a CARF accredited OTP program.

## Board retirements

Board Members Robert Armstrong and Paul Lipkin will be retiring this year after nine years of dedicated service to our organization and our clients. At the meeting December 9th, they were presented with resolutions thanking them for their many contributions over the years.



Dr. Pratt thanks Mr. Armstrong



and Mr. Lipkin

## Length of service

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Congratulations to the following staff members who celebrate the anniversary of their employment with Norfolk CSB in January:

**Twenty-Two Years**  
Kent Heintzelman

**Nineteen Years**  
Flo Martin

**Sixteen Years**  
Mattie Freeman  
Bernadette Williams  
Subrina Wilson-Street

**Fifteen Years**  
Brenda Dutton-Smith

**Eight Years**  
Carol Vaughan  
Suzanne Williams

**Seven Years**  
Gloria Owens  
Vonda Thomas

**Six Years**  
Frank Macek  
Laurie Paquin  
Ida Waller

**Five Years**  
Sondre Fleming

**Four Years**  
Diann Gray

**Three Years**  
Linda Heisse  
Angela Hicks

**Two Years**  
Shana Baum  
Lisa Gonzales

**One Year**  
Amy Stetkewicz

## Birthdays at the Board

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When you see them, say Happy Birthday to these staff members who celebrate January birthdays:

Marvin Solomon (1)

Tony Crisp (2)

Geraldine Ang-Rabanos (3)

Angela Holley (8)

Annatricia Riddick (10)

Myra Clark (15)

Robert Cheek (16)

Johnnie Brown (17)

Clarence Keith (18)

Cynthia Bell (24)

Mattie Freeman (25)

Aileen Smith (26)

Elvira Anderson (29)

Brenda Carris (29)

Michele Rogers (29)

Mary Swinger (29)

Nate Worley (29)

Hazel Wright (30)

*I just want to thank all of you on staff for your willingness and cooperation during the time I have been associated with Norfolk CSB. You are a great group of dedicated and talented people, and I truly appreciate all the help you have given me over the years.*

*—Bob Armstrong*

## Norfolk CSB welcomes the following new employees:

**Mary Sullivan**  
Coordinator  
Mental Health Court

**Judith Fowler**  
Case Manager III  
MH Case Management

**Brandi Wright**  
Casual Part Time Counselor  
MH Residential Services

**Vernecia Bell**  
Casual Part Time Counselor  
MH Residential Services

**Margaret Alexandre-Marc**  
Case Manager II  
Infant Development Program

**Heather Carpenter**  
Support Technician  
MR Case Management

## Congratulations to the following staff:

**Gloria Quince** of Mental Health Administration, who recently received her Certified Substance Abuse Counselor (CSAC) qualification.

## Beating the Holiday Blues

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Whatever our beliefs and traditions, the winter holidays are heartfelt and full of promise. Our families will be together and happy; the children will be grateful and good; our partners will be gracious mind readers; we will have enough time and enough money; our spirits will be filled with peace and love.

Or not.

More likely, say the experts, the common holiday experience of adults and children alike will be stress.

Dateline NBC-TV and Prevention magazine conducted a poll to find out how much stress people feel during the holidays. Forty-one percent of those polled owned up to holiday stress, ranking it right up there with asking the boss for a raise. Money was the chief cause of stress, and women were more likely than men to feel holiday pressure. In spite of it all, however, 62 percent say they still look forward to the holidays.

The following suggestions can help to make the holidays a little less stressful and blue, and a lot more enjoyable.

- **Keep holiday expectations realistic.** Remember, those idyllic holiday movies and television programs are fictional, so don't try to capture them in real life.
- **Do not even consider trying to do everything yourself.** Spread those holiday responsibilities among all family members. The only people who get everything done they had hoped to do are the ones who have a large staff of paid helpers.
- **Don't overbook activities and events.** There are still only 24 hours in a day, and you still have a finite amount of energy. Use your time and energy where it will assure the greatest pleasure.
- **Don't overspend.** Plan a holiday budget and stick to it. Overspending causes stress not only during the holidays, but for months afterward as the bills pile up. Inexpensive gifts can be meaningful, too.
- **Keep your boundaries and sense of perspective** when visiting family. The magic of the season probably does not extend to making an ideal family of relatives who did not get along before the holidays.
- **Establish or maintain traditions that you enjoy** and that do not increase your stress level. Give yourself permission to set aside an occasional evening for fun, such as driving around to see the holiday lights other people have put up for your viewing pleasure. There is no need to compete. Just enjoy.
- **Keep your sense of humor.** It is still the best medicine. Those things you cannot control—the flour that flew all over the kitchen when you opened it, the cookies the dog ate while they were nice and warm—can be a cause for laughter. If not this year, then perhaps by next year.
- **If all else fails,** remember that the holidays don't last forever, and even this one will pass before long. People will remember the things you did do and will not know about the ones you never got around to.

# The Holidays and Relapse Prevention

a message of hope for people in recovery

a message of help for the people who love them

The holiday season can be stressful for everyone, and people in recovery are more vulnerable to relapse at this time of year. To make the holidays Recovery Days, read on.

The holidays present many unforeseen opportunities to drink and use drugs. The holiday season cultivates a variety of intense emotions that might not be felt at other times of the year.

Remind loved ones that they are not alone in their desire for a clean and sober holiday season. In private, offer your assistance in preventing relapse. Remind them to ask for help before taking that first drink, puff or sniff.

## Recovery Is Not A Dirty Word Neither Is Relapse

Many of us know people who are in recovery from a wide range of substances, including nicotine. If a person shares this fact with others, his or her family, friends and co-workers are encouraged to inquire into the potential for relapse. Discussing this topic may feel awkward. Yet, addiction is a disease and recovery is the treatment for it. Discussing issues surrounding recovery is no different from discussing progress in the treatment of heart disease, diabetes or other illnesses.

## High-Risk Situations and Vulnerable States of Mind

Persons in recovery should create plans of action for when high-risk situations occur, because high-risk situations will occur. High-risk situations are events that trigger an urge to use drugs, nicotine, or alcohol. It can be as simple as someone offering an alcoholic beverage, a pull of marijuana, or a sniff of cocaine or heroin.

High-risk situations may present themselves as intense internal emotions—feelings of anxiety, irritation, frustration or disappointment. Emotions such as joy, excitement, or enthusiasm are also intense and often precede the use of drugs or alcohol. All of these emotions create potentially vulnerable states of mind.

## Checklist for Relapse Potential

- ❑ Increased exposure to alcohol and drugs at parties and family gatherings
- ❑ Added financial burdens of the season
- ❑ Exposure to larger crowds in malls, shopping centers and grocery stores
- ❑ Disruption of normal daily routine
- ❑ Disruption in ability to exercise
- ❑ Interference with AA, NA and other support group meetings
- ❑ Disruption in access to therapist
- ❑ Increased exposure to high-risk family members or active users
- ❑ Heightened emotions surrounding negative holiday memories
- ❑ Heightened anxiety regarding triggers and cravings to use

These factors can lead to physical and emotional exhaustion. The severity of each of these factors will be different for each person, yet each must be addressed.

If three items are indicated as potential problems, the risk of relapse is **mild**. Four to six items indicate a **moderate** risk. Seven or more items indicate a **severe** risk of relapse.

Sharing this checklist is one way of letting loved ones know that you care and are willing to help. No one has to relapse. When relapse is avoided, motivation and self-confidence grow.

## Commend Progress

### Do Not Glamorize Substance Abuse

#### Make No Permission-Giving Statements

Holiday get-togethers are perfect occasions to privately acknowledge any observed growth and progress witnessed by you or others. It is important not to glamorize addictive behaviors (describe drinking or using drugs as “cool” or “fun”), and never make permission-giving statements, such as:

*C'mon, just one drink won't hurt.*

*It's just beer (wine, eggnog, champagne).*

*Have a glass with dinner. Just eat something and you'll be OK.*

*Oh, you can have a toast with us.*

*It's the holidays. You can stop if you want to.*

*Don't worry, I won't let you get drunk.*

**These and similar comments can undo a lot of hard work by the person in recovery.** Come to their aid if a family member, friend or guest makes such a comment. Tell them in a calm, straightforward manner that such comments are not appropriate. Remind the person making the offer that such comments are counterproductive.

**One of the greatest sources of strength** can be for you to join the person in recovery in adopting a personal no drinking, smoking or drug-taking policy. First of all, there is an added health benefit for anyone who refrains from the use of these substances. Also, the person in recovery will not feel isolated, especially if there are family members or guests drinking, smoking or using drugs.

Paul Fergeson, MA/ORT Counselor  
Norfolk Community Services Board

## Refusal Responses

Refusal responses provide for healthy alternative behaviors that are helpful in working through the urge or temptation to use drugs or alcohol. People in recovery are encouraged to create their own customized refusal responses, based on past experiences and personal interests. This gives the refusal response special meaning. Following are examples of common refusal responses.

### 7 Refusal Responses to High-Risk Situations and Vulnerable States of Mind

1. “You’ve come so far in your treatment. Don’t blow it now. Let’s go to the mall and catch a sale.”
2. “We don’t need drugs or booze to have fun. I’m bored too. Let’s go watch the football game.”
3. “Only guilt and shame will result from using drugs or alcohol. You really don’t want that. Let’s go listen to some good music.”
4. “This urge will only last fifteen to thirty minutes. Let’s go do something else.”
5. “If you’re feeling anxious, maybe your blood sugar is low. Let’s get some ice cream.”
6. “Let’s go rent a video or go to a movie. Mood-altering substances are a waste of time, money and energy.”
7. “Don’t forget the harmful effects alcohol, cocaine and heroin have on the brain, heart and liver. Let’s be kind to our bodies and take a walk on the beach or a hike in the woods instead.”

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### Norfolk Community Services Board

248 West Bute Street • Norfolk, Virginia 23510-1404 • 441-5300

mental health, mental retardation, and substance abuse services



# Is it a cold or the flu?

The cold and flu season has already gotten under way this year. This year's strain seems to be particularly virulent, especially to children and the elderly, and the flu vaccine is now in short supply. Here are some fast flu facts to help us determine when to tough it out and when to get medical help. When in doubt, however, contact your physician's office.

- The flu is an airborne virus—spread from one person to another by droplets from coughing or sneezing.
- Although flu symptoms are felt throughout the body, the flu virus lives and multiplies primarily in the lungs.
- Upset stomach and vomiting are not symptoms of the flu—"stomach flu" is usually caused by other microorganisms and is often mistakenly referred to as the "flu."

## • Common Symptoms:

	Cold	Flu
Fatigue	No	Yes
Fever	No	100-104 F
Muscle Ache	No	Yes
Joint pain	No	Yes
Loss of appetite	No	Yes
Headache	No	Yes
Cough	Yes	Yes
Stuffy nose	Yes	No
Diarrhea/Vomiting	No	No

# The holiday party









